

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Date Stamp

Page 1 of 98

For Official Use Only

Statement covers period

from 07/01/2018

through 09/22/2018

Date of election if applicable:
(Month, Day, Year)

11/06/2018

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee
☒ Primary Formed
☐ Controlled
☒ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

To add in-kind contributions reported late by donor.

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1399974

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)442-7757

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814-3805	

OPTIONAL: FAX/E-MAIL ADDRESS

(916) 442-7759 / fppc@bmhlaw.com

Treasurer(s)

NAME OF TREASURER

Thomas W. Hiltachk

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

NAME OF ASSISTANT TREASURER, IF ANY

Ashlee N. Titus

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/08/2018

DATE

By Thomas W. Hiltachk

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Proposition 8

BALLOT NO. OR LETTER

JURISDICTION

8

Statewide

☐ SUPPORT

☒ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460 Page 3 of 98 I.D. NUMBER 1399974
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$45,063,831.00	\$51,816,831.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$45,063,831.00	\$51,816,831.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$55,737.25	\$623,703.25
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$45,119,568.25	\$52,440,534.25

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$30,097,202.32	\$32,954,358.69
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$30,097,202.32	\$32,954,358.69
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$232,714.62)	\$91,050.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$55,737.25	\$623,703.25
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$29,920,224.95	\$33,669,111.94

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$4,302,116.54	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$45,063,831.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$30,097,202.32	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$19,268,745.22	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$91,050.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 4 of 98
I.D. Number 1399974		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2018	DaVita Washington, DC 20001 Committee ID: 1257183	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000,000.00	\$27,637,686.00	
7/30/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000,000.00	\$18,793,803.25	
8/24/2018	US Renal Care, Inc. Plano, TX 75024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,954,397.00	\$4,923,995.00	
8/30/2018	Satellite Healthcare, Inc. San Jose, CA 95128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500,000.00	\$500,000.00	
8/31/2018	DaVita Washington, DC 20001 Committee ID: 1257183	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$19,311,186.00	\$27,637,686.00	
SUBTOTAL						

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$45,063,831.00

2. Amount received this period - unitemized contributions of less than \$100 \$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$45,063,831.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 5 of 98

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council	I.D. Number 1399974
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2018	Dialysis Clinic, Inc. Nashville, TN 37203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$485,050.00	\$485,050.00	
9/4/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,906,160.00	\$18,793,803.25	
9/17/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,937,440.00	\$18,793,803.25	
9/18/2018	US Renal Care, Inc. Plano, TX 75024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,969,598.00	\$4,923,995.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$45,063,831.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER

1399974

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ Net _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for compensated staff services and CMP	\$24,578.27	\$18,793,803.25	
9/14/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for compensated staff services	\$27,630.80	\$18,793,803.25	
9/21/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for posters, travel, overnight meal	\$1,747.81	\$18,793,803.25	
9/19/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for CMP	\$1,780.37	\$18,793,803.25	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$55,737.25

Schedule C Summary

- | | |
|--|--------------------------|
| 1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... | \$55,737.25 |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 | \$0.00 |
| 3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | TOTAL \$55,737.25 |

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	07/01/2018	CALIFORNIA FORM 460	
through	09/22/2018	Page 9 of 98	
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/13/2018	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$7,000.00	\$7,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/19/2018	Republican Party of San Diego County	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$30,000.00	\$30,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/19/2018	Ventura County Republican Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$25,000.00	\$25,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$2,212,000.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$2,212,000.00

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2018

through 09/22/2018

**CALIFORNIA
FORM 460**

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2018	California Republican Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,150,000.00	\$2,150,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL				\$2,212,000.00		

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AC Public Affairs, Inc. Sacramento, CA 95814	CNS			\$10,000.00
Alexandra Rooker West Sacramento, CA 95691	TRS			\$523.96
Alexandra Rooker West Sacramento, CA 95691	CNS			\$10,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$30,097,202.32
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$30,097,202.32

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
through 09/22/2018		Page 12 of 98
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrew Russell Sacramento, CA 95811	CNS			\$5,000.00
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$161.28
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$80,375.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$25,930.14
Berkeley Research Group, LLC Emeryville, CA 94608	CNS			\$4,595.18

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2018 through 09/22/2018		CALIFORNIA FORM 460 Page 13 of 98
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bicker, Castillo & Fairbanks Sacramento, CA 95814			LIT, MTG, OFC, POS, TRS, WEB,	\$26,814.49
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CNS			\$60,000.00
Centaur North Strategies Fullerton, CA 92832	CNS			\$15,000.00
Cerrell Associates, Inc. Los Angeles, CA 90004	CNS			\$10,000.00
Forward Observer, Inc. Sacramento, CA 95811	CNS			\$20,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
through 09/22/2018		Page 14 of 98
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jay Hansen Sacramento, CA 95811	TRS			\$704.96
Jay Hansen Sacramento, CA 95811	CNS			\$6,000.00
Matthew Canty Sacramento, CA 95814	CNS			\$4,500.00
Pelote Strategic Consulting & Advocacy Sacramento, CA 95864	CNS			\$15,000.00
Pete Conaty & Associates Northlake, TX 76226	CNS			\$3,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tanner Kelly Sacramento, CA 95814	CNS			\$4,500.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	TEL			\$39,015.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	TRS			\$4,248.53
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$60,000.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$16,701.01

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	TRS			\$645.20
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CNS			\$60,000.00
Bicker, Castillo & Fairbanks Sacramento, CA 95814			CMP, MTG, OFC, TRS, WEB	\$73,467.87
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$60,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	LIT			\$272,942.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
through 09/22/2018		Page 17 of 98
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$48,166.00
Forward Observer, Inc. Sacramento, CA 95811	CNS			\$20,000.00
Pete Conaty & Associates Northlake, TX 76226	CNS			\$5,000.00
Alexandra Rooker West Sacramento, CA 95691	CNS			\$10,000.00
Tanner Kelly Sacramento, CA 95814	CNS			\$4,500.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tanner Kelly Sacramento, CA 95814	TRS			\$623.07
Andrew Russell Sacramento, CA 95811	CNS			\$5,000.00
Andrew Russell Sacramento, CA 95811	TRS			\$480.20
Matthew Canty Sacramento, CA 95814	CNS			\$4,500.00
Jay Hansen Sacramento, CA 95811	CNS			\$6,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jay Hansen Sacramento, CA 95811	OFC			\$300.00
Pelote Strategic Consulting & Advocacy Sacramento, CA 95864	CNS			\$15,000.00
Pelote Strategic Consulting & Advocacy Sacramento, CA 95864	TRS			\$572.47
Centaur North Strategies Fullerton, CA 92832	CNS			\$15,000.00
AC Public Affairs, Inc. Sacramento, CA 95814	CNS			\$10,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
through 09/22/2018		Page 20 of 98
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cerrell Associates, Inc. Los Angeles, CA 90004	CNS			\$10,000.00
Cerrell Associates, Inc. Los Angeles, CA 90004	TRS			\$34.88
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$80,375.00
Winner & Mandabach Campaigns Santa Monica, CA 90401		RAD, TEL		\$23,142,060.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$19,039.32

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	TRS			\$441.01
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CNS			\$60,000.00
Bicker, Castillo & Fairbanks Sacramento, CA 95814			OFC, LIT, MTG, TRS, WEB	\$12,317.81
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$60,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	TRS			\$958.48

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2018 through 09/22/2018		CALIFORNIA FORM 460 Page 22 of 98
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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Berkeley Research Group, LLC Emeryville, CA 94608			CNS, OFC	\$1,874.25
Forward Observer, Inc. Sacramento, CA 95811	CNS			\$20,000.00
Pete Conaty & Associates Northlake, TX 76226	CNS			\$5,000.00
AC Public Affairs, Inc. Sacramento, CA 95814	CNS			\$10,000.00
Centaur North Strategies Fullerton, CA 92832	CNS			\$15,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pelote Strategic Consulting & Advocacy Sacramento, CA 95864	CNS			\$15,000.00
Cerrell Associates, Inc. Los Angeles, CA 90004	CNS			\$10,000.00
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$4,000.00
Committee to Protect the Political Rights of Minorities Sacramento, CA 95814			Slate mail	\$27,000.00
Committee ID: 880354 Ventura County Republican Party Camarillo, CA 93010	CTB			\$25,000.00
Committee ID: 742080				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Winner & Mandabach Campaigns Santa Monica, CA 90401			CNS, POL	\$93,225.00
Winner & Mandabach Campaigns Santa Monica, CA 90401			CNS, POL	\$65,550.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	TRS			\$4,500.00
Winner & Mandabach Campaigns Santa Monica, CA 90401			CNS, TEL	\$294,117.00
Winner & Mandabach Campaigns Santa Monica, CA 90401			CNS, LIT, WEB	\$88,235.00

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Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
through 09/22/2018		Page 25 of 98
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Republican Party Sacramento, CA 95814	CTB			\$2,150,000.00
Committee ID: 810163 Winner & Mandabach Campaigns Santa Monica, CA 90401		CNS, TEL		\$129,411.75
Winner & Mandabach Campaigns Santa Monica, CA 90401		CNS, CTB, LIT, POS		\$2,719,796.46

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$30,097,202.32

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2018
through 09/22/2018

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Cerrell Associates, Inc. Los Angeles, CA 90004	CNS	\$10,000.00	\$0.00	\$10,000.00	\$0.00
Forward Observer, Inc. Sacramento, CA 95811	CNS	\$20,000.00	\$0.00	\$20,000.00	\$0.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO	\$25,930.14	\$0.00	\$25,930.14	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$91,050.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$323,764.62
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$232,714.62)
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

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FORM 460**

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NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
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Berkeley Research Group, LLC Emeryville, CA 94608	CNS	\$4,595.18	\$0.00	\$4,595.18	\$0.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS	\$60,000.00	\$0.00	\$60,000.00	\$0.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	TRS	\$4,248.53	\$0.00	\$4,248.53	\$0.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	TEL	\$39,015.00	\$0.00	\$39,015.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
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to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

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FORM 460**

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NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
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Pete Conaty & Associates Northlake, TX 76226	CNS	\$3,000.00	\$0.00	\$3,000.00	\$0.00
Andrew Russell Sacramento, CA 95811	CNS	\$5,000.00	\$0.00	\$5,000.00	\$0.00
Matthew Canty Sacramento, CA 95814	CNS	\$4,500.00	\$0.00	\$4,500.00	\$0.00
Tanner Kelly Sacramento, CA 95814	CNS	\$4,500.00	\$0.00	\$4,500.00	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA
FORM 460

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Alexandra Rooker West Sacramento, CA 95691	CNS	\$10,000.00	\$0.00	\$10,000.00	\$0.00
Jay Hansen Sacramento, CA 95811	CNS	\$6,000.00	\$0.00	\$6,000.00	\$0.00
AC Public Affairs, Inc. Sacramento, CA 95814	CNS	\$10,000.00	\$0.00	\$10,000.00	\$0.00
Centaur North Strategies Fullerton, CA 92832	CNS	\$15,000.00	\$0.00	\$15,000.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

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FORM 460**

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NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Pelote Strategic Consulting & Advocacy Sacramento, CA 95864	CNS	\$15,000.00	\$0.00	\$15,000.00	\$0.00
Bask Digital Media, LLC San Diego, CA 92101	WEB	\$161.28	\$0.00	\$161.28	\$0.00
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CNS	\$60,000.00	\$0.00	\$60,000.00	\$0.00
Bicker, Castillo & Fairbanks Sacramento, CA 95814	LIT, MTG, OFC, POS, TRS, WEB,	\$26,814.49	\$0.00	\$26,814.49	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
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SCHEDULE F (CONT.)

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA
FORM 460

Page 31 of 98

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
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CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

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AC Public Affairs, Inc. Sacramento, CA 95814	CNS	\$0.00	\$10,000.00	\$0.00	\$10,000.00
Centaur North Strategies Fullerton, CA 92832	TEL	\$0.00	\$2,800.00	\$0.00	\$2,800.00
Cerrell Associates, Inc. Los Angeles, CA 90004	CNS	\$0.00	\$10,000.00	\$0.00	\$10,000.00
Pete Conaty & Associates Northlake, TX 76226	CNS	\$0.00	\$5,000.00	\$0.00	\$5,000.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA
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Page 32 of 98

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS, POL	\$0.00	\$63,250.00	\$0.00	\$63,250.00
SUBTOTALS		\$323,764.62	\$91,050.00	\$323,764.62	\$91,050.00

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Aaron Thomas Associates

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster Santa Clarita, CA 91383	POS			\$1,147,250.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1147250.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
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SCHEDULE G

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM 460
Page 34 of 98

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Alexandra Rooker

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$523.96

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$523.96

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA
FORM **460**

Page 35 of 98

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Amplified Strategies, Inc.

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data, Inc. Norwalk, CA 90650	LIT			\$27,120.00
Aaron Thomas Associates Chatsworth, CA 91311	LIT			\$116,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$143120.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Andrew Russell

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Oakland Marriott City Center Oakland, CA 94607	TRS			\$480.20

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$480.20

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bask Digital Media, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rough & Tumble Sacramento, CA 95825	WEB			\$945.00
Facebook, Inc. Menlo Park, CA 94025	WEB			\$7,932.28
Flash Report Newport Beach, CA 92660	WEB			\$600.00
Twitter, Inc. San Francisco, CA 94103	WEB			\$9,602.06

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$19079.34

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Simpli.fi Fort Worth, TX 76102	WEB			\$588.87
Sacramento Bee Sacramento, CA 95816	WEB			\$15,500.00
Capitol Morning Report Sacramento, CA 95814	WEB			\$1,050.00
Open California Sacramento, CA 95814	WEB			\$5,400.00

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TOTAL* \$22538.87

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google, Inc. Mountain View, CA 94043	WEB			\$36,289.11
Fox & Hounds Sacramento, CA 95825	WEB			\$700.00

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TOTAL* \$36989.11

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Bell, McAndrews & Hiltachk, LLP

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AC Hotel by Marriott Denver Downtown Denver, CO 80202	TRS			\$441.01
Southwest Airlines Dallas, TX 75235	TRS			\$381.00
United Airlines, Inc. Chicago, IL 60606	TRS			\$264.20

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TOTAL* \$1086.21

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Federacion de Clubes y Asociaciones de Michoacan Downey, CA 90240	MTG		\$2,500.00
Executive Inn and Suites Oakland, CA 94606	TRS		\$2,744.84
Print Project Managers & Graphic Design Rancho Cordova, CA 95742	CMP		\$10,240.79
Oakland Marriott City Center Oakland, CA 94607	TRS		\$10.01

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TOTAL* \$15495.64

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Oakland Marriott City Center Oakland, CA 94607	TRS			\$200.00
Rocio Salazar Sylmar, CA 91342	TRS			\$1,006.79
District Oakland Oakland, CA 94607	TRS			\$1,378.85
Encore Event Technologies Arlington Heights, IL 60004	MTG			\$2,757.50

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TOTAL* \$5343.14

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Oakland Marriott City Center Oakland, CA 94607	TRS			\$6,096.15
Luz M. Salazar Escondido, CA 92025	OFC			\$1,050.00
Oakland Marriott City Center Oakland, CA 94607	TRS			\$516.52
Oakland Marriott City Center Oakland, CA 94607	TRS			\$551.52

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TOTAL* \$8214.19

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Oakland Marriott City Center Oakland, CA 94607	TRS			\$525.07
Oakland Marriott City Center Oakland, CA 94607	TRS			\$493.40
Oakland Marriott City Center Oakland, CA 94607	TRS			\$65.62
Oakland Marriott City Center Oakland, CA 94607	TRS			\$1,330.12

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TOTAL* \$2414.21

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West Unified Communication Services, Inc. Chicago, IL 60631	OFC			\$1,127.07
AC Hotel by Marriott Denver Downtown Denver, CO 80202	TRS			\$496.42
Southwest Airlines Dallas, TX 75235	TRS			\$493.96
Google, Inc. Mountain View, CA 94043	WEB			\$5.80

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TOTAL* \$2123.25

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Southwest Airlines Dallas, TX 75235	TRS			\$1,546.88
American Airlines Fort Worth, TX 76155	TRS			\$1,008.40
FedEx Office Plano, TX 75024	OFC			\$12.39
Print Project Managers & Graphic Design Rancho Cordova, CA 95742	OFC			\$2,949.81

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TOTAL* \$5517.48

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UBER San Francisco, CA 94103	TRS			\$112.74
Kim Marquardt Gualala, CA 95445	LIT			\$2,275.00
California Democratic Party Sacramento, CA 95811	CTB			\$7,000.00
741666 Oakland Marriott City Center Oakland, CA 94607	TRS			\$27,091.27

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TOTAL* \$36479.01

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FedEx Office Plano, TX 75024	OFC			\$32.45
Code 3 Limouine & Transportation Concord, CA 94519	TRS			\$3,291.88
Southwest Airlines Dallas, TX 75235	TRS			\$762.56
Think, Inc. El Dorado Hills, CA 95762		LIT, POS		\$1,353.42

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5440.31

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bicker, Castillo & Fairbanks

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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Think, Inc. El Dorado Hills, CA 95762			LIT, POS	\$1,353.42
FedEx Office Plano, TX 75024	OFC			\$3,832.84
Clear Graphics and Printing Sacramento, CA 95818	OFC			\$1,200.13
Executive Inn and Suites Oakland, CA 94606	TRS			\$4,575.16

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$10961.55

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
West Unified Communication Services, Inc. Chicago, IL 60631	OFC			\$1,131.24
UBER San Francisco, CA 94103	TRS			\$14.35
Google, Inc. Mountain View, CA 94043	WEB			\$10.00
DeWayne Cox Sherman Oaks, CA 91401	TRS			\$549.03

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TOTAL* \$1704.62

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Abel Cine Group, LA Burbank, CA 91506	TEL			\$10,947.00
Alejandro Talens Van Buys, CA 91405	TEL			\$900.00
Young Buck's Productions Aldan, PA 19018	TEL			\$10,655.00
Alex Hayek Laguna Hills, CA 92653	TEL			\$785.00

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TOTAL* \$23287.00

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Allison E. Byram Los Angeles, CA 90038	TEL			\$2,835.00
American Airlines Fort Worth, TX 76155	TRS			\$5,904.00
Angelique Costanza Arcadia, CA 91006	TEL			\$625.00
Bellaire Expediting Schiller Park, IL 60178	TEL			\$967.35

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TOTAL* \$10331.35

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Breakfast Rendezvous Van Nuys, CA 91405	TEL			\$3,400.28
Center City Film & Video Philadelphia, PA 19102	TEL			\$139,865.93
Concrete Productions San Diego, CA 92103	TEL			\$13,658.75
Dave Bunge's Grip Services Sacramento, CA 95815	TEL			\$1,089.00

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TOTAL* \$158013.96

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Eric Ryan La Verne, CA 91750	TEL			\$1,475.00
Errin Zingale Playa Del Rey, CA 90293	TEL			\$600.00
Eyeline Teleprompting Alameda, CA 94501	TEL			\$1,050.96
Greenburg Telprompting Orange, CA 92868	TEL			\$2,834.34

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TOTAL* \$5960.30

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Gregory Benitez San Diego, CA 92117	TEL			\$3,400.28
Griffen Buck Encinitas, CA 92024	TEL			\$1,200.00
Hope Krosskove Productions Cherry Hill, NJ 08003	TEL			\$43,000.00
JL Fischer, Inc. Burbank, CA 91506	TEL			\$793.99

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TOTAL* \$48394.27

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Jordan Amato Vacaville, CA 95688	TEL			\$600.00
Joshua Haycraft San Gabriel, CA 91775	TEL			\$1,985.00
Kari Smith San Clemente, CA 92672	TEL			\$650.00
Kieran Sweeney Sacramento, CA 95822	TEL			\$650.00

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TOTAL* \$3885.00

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Kleur, Inc. Carlsbad, CA 92009	TEL			\$1,000.00
Lee Eisenhower Sacramento, CA 95831	TEL			\$650.00
Light Hollywood Glendale, CA 91206	TEL			\$5,187.26
Luis Batres Los Angeles, CA 90019	TEL			\$2,635.00

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TOTAL* \$9472.26

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MAS Consulting Group Miami, FL 33133	TEL			\$15,000.00
Michael Bachman Culver City, CA 90230	TEL			\$650.00
Mitch Harrington Redondo Beach, CA 90278	TEL			\$750.00
One Take Productions Roseville, CA 95747	TEL			\$1,450.00

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TOTAL* \$17850.00

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Orchard West Hollywood, CA 90046	TEL			\$2,600.00
Pond 5, Inc. New York, NY 10010	TEL			\$1,029.00
Residence Inn La Mirada, CA 90638	TRS			\$679.94
Shawn Davis Los Angeles, CA 90028	TEL			\$1,000.00

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TOTAL* \$5308.94

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1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Mottola Consulting, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Shekimkev Lealander, TX 78641	TEL			\$3,035.00
Sir Reel Rentals, Inc. Sun Valley, CA 91352	TEL			\$1,575.00
Specer Flynn Valencia, CA 91355	TEL			\$650.00
Talent Paymaster Bethesda, MD 20814	TEL			\$3,700.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$8960.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Mottola Consulting, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THB Productions Sacramento, CA 95827	TEL			\$1,150.00
Toucan Catering, Inc. Encino, CA 91436	TEL			\$1,340.28
Xtra Casting, Inc. Los Angeles, CA 90064	TEL			\$7,177.79

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$9668.07

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Committee to Protect the Political Rights of Minorities

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Committee to Protect the Political Rights of Minorities Sacramento, CA 95814			Slate mail	\$27,000.00
1303386				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$27000.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

DeWayne Cox

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$355.96

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$355.96

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Jay Hansen

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$261.98
Southwest Airlines Dallas, TX 75235	TRS			\$246.98

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$508.96

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Schedule G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bernadette Lagrimas Harvey

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Oakland Marriott City Center Oakland, CA 94607	TRS			\$35.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$35.00

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Pelote Strategic Consulting & Advocacy

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Oakland Marriott City Center Oakland, CA 94607	TRS			\$511.14

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$511.14

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FPPC Form 460 (June/01)
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Schedule G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Public Opinion Strategies, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AC Hotel by Marriott Denver Downtown Denver, CO 80202	TRS			\$1,825.03
American Airlines Fort Worth, TX 76155	TRS			\$759.41
Direct Travel Centennial, CO 80111	TRS			\$1,411.10
UBER San Francisco, CA 94103	TRS			\$58.97

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4054.51

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Rocio Salazar

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$783.92
UBER San Francisco, CA 94103	TRS			\$45.40

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$829.32

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Tanner Kelly

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Oakland Marriott City Center Oakland, CA 94607	TRS			\$477.95

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$477.95

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Schedule G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KSFO AM Fresno, CA 93710	RAD			\$39,525.00
KSMA AM Santa Maria, CA 93455	RAD			\$1,870.00
KSRO AM Santa Rosa, CA 95405	RAD			\$2,639.25
KSTE AM Stockton, CA 95207	RAD			\$8,466.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$52500.25

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KSUE AM Susanville, CA 96130	RAD			\$963.90
KS WB TV San Diego, CA 92111	TEL			\$56,865.00
KTIE AM Glendale, CA 91203	RAD			\$7,905.00
KTKZ AM Sacramento, CA 95815	RAD			\$2,868.75

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TOTAL* \$68602.65

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KTTLA TV Los Angeles, CA 90028	TEL			\$272,552.50
KTMS AM Santa Barbara, CA 93101	RAD			\$2,120.75
KTRB-AM Fremont, CA 94538	RAD			\$4,917.25
KTTV TV Log Angeles, CA 90025	TEL			\$320,428.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$600019.25

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KTVU TV Oakland, CA 94607	TEL			\$204,233.75
KTXL TV Sacramento, CA 95820	TEL			\$51,850.00
KUHL FM Santa Maria, CA 93454	RAD			\$2,808.40
KUSI TV San Diego, CA 92123	TEL			\$13,387.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$272279.65

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Schedule G

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SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KVEC AM San Luis Obispo, CA 93401	RAD			\$3,162.00
KVML AM Sonora, CA 95370	RAD			\$4,097.85
KVTA AM Ventura, CA 93003	RAD			\$4,373.25
KWSX AM Modesto, CA 95355	RAD			\$1,027.65

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$12660.75

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KXTV TV Sacramento, CA 95818	TEL			\$72,823.75
KYOS AM Merced, CA 95340	RAD			\$3,162.00
NESQ TV Thousand Palms, CA 92276	TEL			\$5,950.00
NFMB TV San Diego, CA 92111	TEL			\$4,037.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$85973.25

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Schedule G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NSBW TV Salinas, CA 93901	TEL			\$1,275.00
Access Media Services Redondo Beach, CA 90277	TEL			\$780,359.50
Bask Digital Media, LLC San Diego, CA 92101	TEL			\$2,749,822.00
Extreme Reach Chicago, IL 60673	TEL			\$1,540.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3532996.50

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KABC TV Glendale, CA 91201	TEL			\$590,495.00
KAHI AM Auburn, CA 95603	RAD			\$1,199.35
KALZ FM Fresno, CA 93710	RAD			\$9,881.25
KBAK TV Bakersfield, CA 93301	TEL			\$14,067.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$615643.10

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCAL TV Studio City, CA 91604	TEL			\$151,045.00
KCBQ AM San Diego, CA 92121	RAD			\$5,140.80
KCBS TV Stuido City, CA 91604	TEL			\$372,794.70
KCNR AM Redding, CA 96001	RAD			\$869.55

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$529850.05

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Schedule G

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SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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1399974

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCOP TV Log Angeles, CA 90025	TEL			\$14,280.00
KCOY TV Santa Maria, CA 93455	TEL			\$9,307.50
KCRA TV Sacramento, CA 95814	TEL			\$171,317.50
KDFX TV Thousand Palms, CA 92276	TEL			\$599.25

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$195504.25

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FPPC Form 460 (June/01)
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Schedule G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KDOC TV Santa Ana, CA 92701	TEL			\$8,967.50
KEIB AM Burbank, CA 91505	RAD			\$23,587.50
KERN AM Bakersfield, CA 93303	RAD			\$3,230.00
KERO TV Bakersfield, CA 93301	TEL			\$1,338.75

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TOTAL* \$37123.75

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KESQ TV Thousand Palms, CA 92276	TEL			\$29,750.00
KEYT TV Santa Barbara, CA 93109	TEL			\$13,855.00
KFBK AM Sacramento, CA 95815	RAD			\$42,202.50
KFIV AM Modesto, CA 95355	RAD			\$2,626.50

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TOTAL* \$88434.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KFMB AM/FM San Diego, CA 92111	RAD			\$8,160.00
KFMB TV San Diego, CA 92111	TEL			\$138,635.00
KFRE TV Fresno, CA 93727	TEL			\$654.50
KFSN TV Fresno, CA 93706	TEL			\$13,940.00

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TOTAL* \$161389.50

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KGET TV Bakersfield, CA 93301	TEL			\$10,220.40
KGO TV San Francisco, CA 94111	TEL			\$118,787.50
KGPE TV Fresno, CA 93727	TEL			\$15,682.50
KGTV TV San Diego, CA 92102	TEL			\$66,597.50

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TOTAL* \$211287.90

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KHSL TV Chico, CA 95973	TEL			\$5,495.25
KHTS AM Canyon Country, CA 91351	RAD			\$897.60
KICU TV Oakland, CA 94607	TEL			\$1,168.75
KINS FM Eureka, CA 95501	RAD			\$1,453.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$9015.10

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FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KION AM Salinas, CA 93906	RAD			\$1,976.25
KION TV Salinas, CA 93905	TEL			\$3,952.50
KIXW AM Victorville, CA 92395	RAD			\$3,155.20
KMAX TV West Sacramento, CA 95605	TEL			\$25,755.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$34838.95

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KMIR TV Palm Desert, CA 92260	TEL			\$9,350.00
KMJ AM Fresno, CA 93711	RAD			\$7,225.00
KMPH TV Fresno, CA 93727	TEL			\$17,297.50
KNBC TV Universal City, CA 91608	TEL			\$394,442.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$428315.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KNSD TV San Diego, CA 92123	TEL			\$59,202.50
KNTV TV San Jose, CA 95131	TEL			\$187,425.00
KNVN TV Chico, CA 95973	TEL			\$4,611.25
KNWZ AM Palm Springs, CA 92262	RAD			\$8,619.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$259857.75

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KNZR AM Bakersfield, CA 93308	RAD			\$9,243.75
KOFY TV San Francisco, CA 94124	TEL			\$1,062.50
KOGO AM San Diego, CA 92123	RAD			\$25,903.75
KOVR TV West Sacramento, CA 95605	TEL			\$135,957.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$172167.50

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Schedule G

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KPAY AM Chico, CA 95928	RAD			\$1,989.00
KPIX TV San Francisco, CA 94111	TEL			\$218,407.50
KPRL AM Paso Robles, CA 93446	RAD			\$1,986.45
KQCA TV Sacramento, CA 95814	TEL			\$34,467.50

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TOTAL* \$256850.45

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KQMS AM Redding, CA 96002	RAD			\$2,134.35
KRCR TV Redding, CA 96001	TEL			\$9,605.00
KRLA AM Glendale, CA 91203	RAD			\$15,640.00
KRON TV San Francisco, CA 94111	TEL			\$29,405.75

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TOTAL* \$56785.10

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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KSBW TV Salinas, CA 93901	TEL			\$19,452.25
KSBY TV San Luis Obispo, CA 93405	TEL			\$14,267.25
KSCO AM Santa Cruz, CA 95062	RAD			\$3,598.05
KSEE TV Fresno, CA 93727	TEL			\$2,805.00

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TOTAL* \$40122.55

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Winner & Mandabach Campaigns

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Public Opinion Strategies, LLC Alexandria, VA 22314	POL			\$51,550.00
Public Opinion Strategies, LLC Alexandria, VA 22314	POL			\$55,000.00
AC Hotel by Marriott Denver Downtown Denver, CO 80202	TRS			\$427.12
UBER San Francisco, CA 94103	TRS			\$248.02

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TOTAL* \$107225.14

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United Airlines, Inc. Chicago, IL 60606	TRS			\$10.99
Aaron Thomas Associates Chatsworth, CA 91311	LIT			\$770,952.00
Aaron Thomas Associates Chatsworth, CA 91311	POS			\$1,147,250.00
Amplified Strategies, Inc. Seattle, WA 98112	LIT			\$1,134,577.00

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TOTAL* \$3052789.99

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Chris Mottola Consulting, Inc. North Hollywood, CA 91602			TEL, TRS	\$110,000.00
Amplified Strategies, Inc. Seattle, WA 98112	LIT			\$272,942.00
Target Enterprises, LLC Sherman Oaks, CA 91403			RAD, TEL	\$20,377,012.80
Chris Mottola Consulting, Inc. North Hollywood, CA 91602	TEL			\$110,000.00

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TOTAL* \$20869954.80

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Chris Mottola Consulting, Inc. North Hollywood, CA 91602	TEL			\$140,000.00
Public Opinion Strategies, LLC Alexandria, VA 22314	POL			\$57,000.00
Public Opinion Strategies, LLC Alexandria, VA 22314	TRS			\$4,500.00
LaOpinion Los Angeles, CA 90017		LIT, WEB		\$75,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$276500.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Winner & Mandabach Campaigns

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Republican Party of San Diego County San Diego, CA 92127	CTB			\$30,000.00
741949 Public Opinion Strategies, LLC Alexandria, VA 22314	POL			\$29,565.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$59565.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
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Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

(May be a negative number)

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period	
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1399974

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- | | |
|--|---------------------|
| 1. Increases to cash of \$100 or more this period..... | \$.00 |
| 2. Unitemized increases to cash under \$100 this period. | \$.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... | \$.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... | TOTAL \$.00 |

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